**APPLICATION FOR A SALARY INTO THE EXTENDED RANGES/SPINE POINT INCREASE FOR:** Click here for a list of options

|  |  |
| --- | --- |
| **To: SRP Administrator, HR** | Click here to enter a date. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name** | Click here to enter text. | **Current Grade, Spine Point & Salary** | Click here for a list of grade options | Click here to enter Increment Spine Point & Salary |
| **Employee****Number** | Click here to enter text. | **Proposed Increment Grade, Spine Point & Salary** | Click here for a list of grade options | Click here to enter Increment Spine Point & Salary |
| **Job Title** | Click here to enter text. | **Proposed Grade, Extended Range Spine Point & Salary** | Click here for a list of grade options | Click here to enter Extended Spine Point & Salary |
| **Employment****Start Date** | Click here to enter text. | **w.e.f.** | Click here to enter a date. |
| **Department** | Click here for a list of options | **FTE** | Click here to enter text. |

|  |  |
| --- | --- |
| **From: Head of Department/Vice Principal** | Click here for a list of options |

|  |
| --- |
| **Was the cost of this increase in salary agreed as part of the previous budget round? Yes:** [ ]  **No:** [ ] **If not, briefly state where the funding for this increase in salary will come from:**  |
| Click here to enter text. |

|  |
| --- |
| **Business case/reasons for recommendation.** **Please see Policy and Practice documents for guidelines. Additional support and/or endorsement by the Vice Principal should be included.** |
| Click here to enter text. |

Proposals submitted in respect of an employee whose post is funded by more than one department will need the approval of all relevant Heads of Department. Proposals submitted in respect of an employee whose post is externally funded will need the approval of the Head of Research Administration.

Please note that you have the option to attend the relevant SRP meeting to put forward your proposal in person.

|  |  |  |  |
| --- | --- | --- | --- |
| **Head of Department** | Click here for a list of options | **Signature** | Click here to enter text. |
| **Authorising VP**  | Click here for a list of options | **Signature** | Click here to enter text. |